

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

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|--------------------------|-----------------|----------------|----------------|
| NAME OF DECEDENT: | First | Middle | Last |
| DATE OF DEATH: | Month/Date/Year | Place of Death | City or County |

| | | | |
|---------------------------|-------------------------|--------------|----------|
| Name of Applicant: | First | Middle | Last |
| Mailing Address: | Number & Street | City & State | Zip Code |
| Phone Number: | Home: _____ Cell: _____ | | |

Please Check The Appropriate Box:

- I am the registrant or a parent or legal guardian
- I am a child, grandparent, grandchild, sibling, spouse, or domestic partner
- I am a party entitled to receive the certificate as a result of court order, or an attorney or a licensed adoption agency seeking the birth certificate in order to comply with the requirements of section 3140 or 7603 of the family code.
- I am an attorney representing the registrant of the registrants estate or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrants estate
- I am a member of a law enforcement agency or a representative of another government agency as provided bylaw who is conducting official business

-OR-

- I do not qualify as an authorized requestor and am requesting a Certified Informational Copy only. I understand this copy will be stamped "Informational, Not a valid document to establish identity".**

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

City/State where signed _____

Signature of Applicant _____ Date _____

For Official Use Only

| | | |
|-------------------------------|---|---------------------|
| Initial of Clerk Issuing Copy | Date Copy Issued | ID # |
| Receipt # | Type Issued: ___ Certified ___ Informational | |
| Certificate # | Order Method: ___ In Person ___ Mail | CDL ___ Other _____ |
| | | _____ |

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Applicant's Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

| Name of Person Listed on Certificate | Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application) |
|--------------------------------------|--|
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| | |

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
 (insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.
 (SEAL)

 SIGNATURE OF NOTARY PUBLIC